

## Department of Social Services Coronavirus Relief Fund (CRF) Nursing Home Grants

### Frequently Asked Questions (FAQ)

**Revised - February 26, 2021**

#### **DPH Questions:**

- 1. As a condition of receiving funds there are several DPH requirements. According to the letter, DPH will document compliance through reported data and surveys. Can you provide information on how homes will report to DPH? What surveys will homes have to complete?**

Answer: To receive Phase One funding, facilities must submit an attestation indicating that they are complying (or will be complying by a date certain) with the DPH standards regarding infection control and testing. Facilities should be prepared to show proof of compliance during on-site surveys (either full surveys, targeted surveys, or during complaint inspections) or in response to written (letter or email) or verbal (telephone) requests.

- 2. Will DPH make on-site visits to verify compliance?**

Answer: DPH will verify compliance during on-site surveys (either full surveys, targeted surveys, or during complaint inspections) or will request information in writing (letter or email) or verbally (telephone).

- 3. A facility may require a CON to comply with the elimination of 3- and 4-bed rooms. Will DPH inspections resume so a home can begin facility modifications? Is there guidance on allowing contractors into a building so a facility can modify physical plant space to meet the requirement?**

Answer: DPH will review plans and conduct inspections as needed to support the work of facilities to eliminate 3- and 4-bed rooms. Facilities should review and follow CMS and DPH guidance related to infection control, testing, and visitation when allowing contractors into the facility.

- 4. Is DPH providing financial support for supplemental antigen testing? Please define “establishment of back-up testing partners”.**

Answer: In September 2020, the federal government distributed antigen test kits to all Connecticut nursing homes. In addition, the state distributed BinaxNOW antigen testing cards free-of-charge to facilities in December 2020 and January 2021 in amounts adequate to support weekly testing of residents for each month. Since the state’s inventory of BinaxNOW cards is variable, DPH cannot guarantee future distributions of BinaxNOW cards.

However, the state plans to continue to distribute additional BinaxNOW cards to nursing homes when supply is available.

**5. What is required of a full-time infection preventionist?**

Answer: 42 CFR 483.80 (b) requires that:

The facility must designate one or more individual(s) as the infection preventionist(s) (IPs) who are responsible for the facility's IPCP. The IP must:

- (1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
- (2) Be qualified by education, training, experience or certification;
- (3) Work at least part-time at the facility; and
- (4) Have completed specialized training in infection prevention and control.

In addition, 42 CFR 483.80 (c) requires that:

The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.

In order to receive Phase Two funding, a facility must increase the hours of the IP to on-site full-time and continued adherence to all Phase One requirements.

**6. Are the DPH standards on infection control and cohorting requirements publicly posted so a facility can ensure they are compliant with all terms?**

Answer: Please visit the following website:

<https://portal.ct.gov/DPH/HAI/COVID-19-Healthcare-Guidance>

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

**7. Regarding the shift coaches - at this time there is no formally defined and documented role of "shift coaches" who monitor infection control programs. We assume therefore that the facility will have the flexibility to define the role and responsibility of the shift coach. Please confirm.**

Answer: Shift coaches are assigned to each shift to observe/audit staff infection control techniques, to provide immediate feedback on infection control techniques to staff, and to

conduct training with return demonstration when gaps are identified. Shift coaches are extensions of the home's designated infection control practitioner.

**8. What is considered Full-Time for purposes of Infection Control – 30, 32 or 40 hours?**

Answer: Not less than 32-hours as defined in 19-13-D8t (a) Definitions (8).

**9. Do Shift Coaches need to be provided compensation or just the designation?**

Answer: That determination will be made at the facility level but the program does not require it.

**10. Can the full-time infection preventionist (IP) have other duties besides infection control?**

Answer: The IP can participate in infection control committee and quality assurance and improvement activities; full time is required as facilities evolve into Phase Two. If the IP works 32-hours (full-time) and was hired for 40 hours per week, he/she can function in another role 8hrs/week. The facility will need to demonstrate that the IP worked 32-hours as an IP.

**11. Can the hours required (FTE equivalent example 32hrs) for Infection Control/Prevention, be achieved by 2 individuals (example 24 hrs. and 8hrs)? The industry has many qualified Part-time ICNs who may not be able to work a FT schedule and we don't want to lose these quality individuals. We would rather supplement them by adding additional certified ICNs in each SNF in my opinion.**

Answer: Yes, if the facility chooses to hire two part-time infection preventionists, there should be a mechanism for communication and sharing of information not only between the two IPs, but with facility staff and residents.

**DSS Questions:**

**12. What is the intent of the \$500 staff incentive payments?**

Answer: The Governor intends the \$500 staff incentive payments be made in lump sum form to permit direct care staff, and other staff at the discretion of each home, to utilize these funds as a means of immediate on-hand cash for themselves and their families. This is in contrast to other types of assistance including, but not limited to, wage increases and shift differentials.

- 13. The pandemic requires all staff in all departments to be caring for patients. Why are only a portion of the staff included in the incentive payment requirement and exclude staff working in other areas like social services, building services, facility administration, and admissions?**

Answer: The Governor intends the \$500 staff incentive payments be made in lump sum form to permit direct care staff, and other staff at the discretion of each home, to utilize these funds as a means of immediate on-hand cash for themselves and their families. Facilities may, at their discretion, give staff incentive payments to indirect care staff. Nursing homes are required to pay \$250 to direct care employees working more than 10 hours but less than 27.5 hours. This is in contrast to other types of assistance, including, but not limited to, wage increases and shift differentials.

- 14. If a home provided a permanent wage increase, is a separate \$500 staff incentive payment still required?**

Answer: Yes. The \$500 payments are considered separate payments from wage increases made to staff.

- 15. If a home provided incentive payments to staff in 2020, would prior incentive payments count toward the \$500 requirement? If prior payments were less than \$500, will homes have to pay the difference to staff?**

Answer: Nursing homes may receive credit for separate payments of part or all of the \$500 amount that were made in the period starting November 1, 2020 through the present and, as applicable, must make the entire or remainder of the payments effective March 1, 2021 to qualify for relief package funds. For one-time payments made between November 1, 2020 to present which were less than \$500, homes will be required to pay the additional amount to meet the \$500 requirement. Nursing homes may: (1) receive credit for separate payments of part or all of the \$500 amount that were made in the period starting November 1, 2020 through the present; and (2) as applicable, make the entire or remainder of the payments effective March 1, 2021 to qualify for relief package funds sufficient to offset these costs.

- 16. Could any of the following be applied towards the \$500 requirement: (a) payments to incent direct care workers to work in only one nursing home; (b) shift differential payments; (c) hero bonus payments, including any bonus payments made to direct care workers in recognition of staff uptake with the COVID-19 vaccine; or (d) any staffing-related payments to direct care workers, such as transportation costs, paid time for vaccinations uptake and housing?**

Answer: No. The Governor intends the \$500 staff incentive payments be made in lump sum form to permit direct care staff, and other staff at the discretion of each home, to utilize these funds as a means of immediate on-hand cash for themselves and their families. Other types of assistance including, but not limited to, wage increases, hero pay, and shift differentials cannot be applied towards the \$500 requirement. The \$500 requirement is a separate and distinct payment to staff.

**17. Is the staff incentive payment required to be a one-time lump sum payment?**

Answer: Yes, staff incentive payments are considered one-time, lump sum payments.

**18. To reduce the administrative complexity in identifying former employees, can the \$500 requirement be applied to direct care workers employed as of a specific date?**

Answer: The staff incentive payments must be made to staff employed as of March 1, 2021.

**19. For staff employed as of March 1, 2021, is the Department asking providers that if they pay a bonus before 3/1, do they then need to then pay bonus to those hired after 3/1?**

**Answer:** Payment should be made to staff employed as of March 1, 2021.

**20. Some direct care employees work part-time in multiple homes. Can the \$500 requirement be applied to full time staff only, with a lower payment for anyone working more than 10 hours but less than 27.5 hours?**

Answer: Nursing homes are required to pay \$250 to direct care employees working more than 10 hours but less than 27.5 hours. The nursing home should be prepared to provide the Department with documentation showing the average of the weekly hours for the most recent month so as not to skew payments inappropriately for a temporary change in hours.

**21. Is DSS saying employees working over 27.5 hours/week should receive \$500 and those working 10-27.5 hours should receive \$250? Does DSS consider 27.51 to be FT? Please define full-time.**

Answer: Employees working over 10 hours but less than 27.5 hours will receive a \$250 staff incentive payment. \$500 incentive payments will be made to those employees working 27.5 hours or more.

**22. Is the expectation that the \$500 will be paid to staff in January 2021? Or can the payment be made in a later period?**

Answer: Homes are encouraged to make payments immediately upon receipt of enhanced funding from the Department, payments must be made no later than March 31, 2021.

**23. Can the state consider a 10% rate increase for the month of March to help cover the additional, unanticipated cost of lump sum incentive payments for direct care employees?**

Answer: A 10% increase for the month of March will be issued with the intention of providing supplemental support to nursing facilities to fund the \$500 staff incentive payment directly. To recap: 10% increases for November and December will be issued as one-time CRF grant amounts. Medicaid rate increases of 5% will be issued for January and February and an increase of 10% will be issued for March.

**24. Workers are being told by their employer that they must sign a statement attesting that they work only at one facility to receive the staff incentive payment. Is this a requirement of the Department?**

Answer: The Department cannot comment on specific conditions between an employer and employee. The Department is not making it a requirement for staff to sign an attestation document to receive the incentive payment.

**25. Is there flexibility on the \$500 incentive payment if an operator negotiated in good faith with the union?**

Answer: The Department cannot comment on specific union negotiations. Nursing homes may: (1) receive credit for separate payments of part or all of the \$500 amount that were made in the period starting November 1, 2020 through the present; and (2) as applicable, make the entire or remainder of the payments effective March 1, 2021 to qualify for relief package funds sufficient to offset these costs. Payment should be made to staff employed as of March 1, 2021.

**26. How do union buildings reconcile potential collective bargaining issues if the shift coaches are considered to be performing directive, management type duties?**

Answer: The Department cannot comment on specific questions related to individual collective bargaining agreements. The Department encourages discussion between the facility and the union.

**27. What if we have been giving a wage add-on, to all staff, since well before November 1st, continuing to the present day? Can we use these monies to reimburse that substantial cost or is just supposed to be a pass through to employees, on top of the substantial amount of money we have already paid them? Also, are there any other ways nursing home operators are allowed to prorate or reduce the incentive payment amount, other than part time status or employment status?**

Answer: Any staff incentive payment made prior to November 1, 2020 cannot be credited towards this staff incentive program. Nursing homes may: (1) receive credit for separate payments of part or all of the \$500 amount that were made in the period starting November 1, 2020 through the present; and (2) as applicable, make the entire or remainder of the payments effective March 1, 2021 to qualify for relief package funds sufficient to offset these costs. Payment should be made to staff employed as of March 1, 2021.

Facilities may utilize funds from the relief package for the staff incentive payment. Facilities are required to use the balance towards COVID related cost incurred during the period and as applicable to CRF related expenditures.

**28. Can facilities which paid a 2020 bonus (paid in Dec 2020) consider that to be in compliance with the Governor's incentive program of \$500?**

Answer: A one-time bonus paid in December 2020 may count towards the Governor's \$500 staff incentive program. Facilities that made bonus payments less than the \$500 will be required to pay the difference to reach the \$500 required amount. Nursing homes may receive credit for payments that were made in the period starting November 1, 2020 through the present and, as applicable, must make the entire or remainder of the payments effective March 1, 2021

**29. Do these Direct Care Payments have to be paid retroactively to November 1, 2020?**

Answer: Staff incentive payments are a one-time, lump sum payment. Payments are to be made in the period starting November 1, 2020 through the present and, as applicable, the entire or remainder of payments must be made effective March 1, 2021.

**30. Does the \$500 incentive program include payroll related cost/taxes, or are payments for the bonus only (excluding payroll related costs/taxes)?**

Answer: Payments are staff incentive payments only and should be made in one lump sum to staff employed as of March 1, 2021.

**31. Do we have to pay out the bonus before we can apply for the grant, or can we pay the bonus after receiving the grant?**

Answer: The staff incentive payment can be made after a facility receives the grant but must be made no later than March 31, 2021. Facilities may utilize funds from the relief package for the staff incentive payment. Facilities are required to use the balance towards

COVID related cost incurred during the period and as applicable to CRF related expenditures.

- 32. If a facility already paid \$500 to each staff member as part of its incentive program during the 11/20 thru 1/21 period? To be clear, the incentive program was an hourly rate add on where the staff member agreed not to work for another employer during the program period (and related incentives itemized in DSS' December correspondence).**

Answer: Hourly add-on programs are not considered meeting the intent of the staff incentive payment. The staff incentive payment is meant to be a one-time, lump sum payment to direct care staff and, at the discretion of the facility, to indirect care staff.

- 33. With respect to the new \$500 bonus payment, if a facility already committed and paid out the program funds based on DSS' initial letter, and the facility's incentive program addressed and required employees to meet the incentives/goals communicated in DSS' original letter as a condition of payment, will those payments count towards the \$500? Please keep in mind that the \$500 plus labor burden absorbs almost all if not all of a facility's funding under this program, leaving very little if anything for any incentives and other programs outlined in DSS' correspondence.**

Answer: Nursing homes may: (1) receive credit for separate payments of part or all of the \$500 amount that were made in the period starting November 1, 2020 through the present; and (2) as applicable, make the entire or remainder of the payments effective March 1, 2021 to qualify for relief package funds sufficient to offset these costs. Payment should be made to staff employed as of March 1, 2021.

- 34. When calculating the incentive one-time payment for all employees it will equal approximately 60% of the allotment. Will the remaining amount still be distributed? If so, will there be any additional restrictions?**

Answer: Facilities may utilize funds from the relief package for the staff incentive payment. Facilities are required to use the balance towards COVID-related costs incurred during the period and, as applicable, to CRF-related expenditures.

- 35. What is the process for receiving a CRF grant?**

Answer: All required documents can be found through the link below:

<https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Nursing-Home-Reimbursement/Medicaid-Nursing-Home-Reimbursement>



A nursing home that wishes to receive a CRF grant must complete two forms located on the DSS website. The forms are titled 'Signature and Attestation Form' (PDF) and 'Short Period Cost Report' (Excel). The Excel document is what is referred to as the COVID short period cost report document and is not the typical cost report filed annually by nursing facilities.

Please download and complete both forms and return to the Department by emailing completed documents to: [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov) DSS will process submissions of CRF grant documents on a continuous basis and will make grant payments on a rolling, weekly basis, with best efforts to make the payments early the week subsequent to submission of a complete package of documents.

The November and December payments will be issued as a one-time CRF grant payment. The increases for January, February, and March will be issued through the Medicaid rate.

**36. Can you provide further details on “the use of a new batch application process to support inter and intra-facility consolidation of facilities using transfer and Certificate of Need (CON) processes”?**

Answer: The Department will be conducting batch reviews for requests to decrease substantially bed capacity or relocate all or a portion of such facility's licensed beds to a new facility or replacement facility. Certificate of Need applications that are determined to be complete by the fifteenth of March or September shall be reviewed during the batch review.

The Department will continue to review on a rolling basis requests for a determination on whether or not a proposal to terminate beds is substantial and requires a CON application.

**37. How did DSS determine the amount of the grants, and what period of time do they cover? What level of census will be used to calculate the CRF grant amounts?**

Answer: The standard CRF grant payments were calculated to approximate the value of a 10% rate increase for November and December 2020 on the Medicaid rate in effect 10/1/2020 (totaling approximately \$21.1million) adjusted for the projected impact of Medicare billings for a portion of COVID-positive patients. Medicaid days used in the calculation are based on the 9/30/2019 Annual Reports as reported. January, February, and March increases will be issued and paid directly through the Medicaid rate, whereas November and December will be issued as a grant.

The product of individual facility rates and the estimated Medicaid days based upon the 2019 cost report data served as the underlying framework for the calculation. A 10% adjustment against this product for a sixty-one day period served as the grant estimate for the months of November and December. The overall adjusted grant amount was then distributed based upon the most recent full quarter of actual Medicaid claims-based payment data for the January to March 2020 period, compiled based upon date of service.

The date of the data query used for this proration of the overall grant amount to each individual facility was May 20, 2020.

**38. What is the due date for the Attestation and CR excel file?**

Answer: Submit both the short period cost report and the signed attestation document to the Department at the same time. Application packages will not be considered complete unless both documents are included. Providers should send documents to the Department as soon as possible but no later than March 17, 2021 to ensure timely processing of CRF applications. Facilities may amend cost reports once complete costs for are known.

**39. Is the State anticipating a retroactive assessment or recoupment against SNF providers for testing that was previously billed directly to the State through July 15<sup>th</sup> per recent DPH calls or only testing after that date?**

Answer: CRF funding may be used to cover the cost of testing. As a condition of receiving a CRF nursing home grant and, in conjunction with the state's mandates around nursing home employee testing, nursing homes must conduct mandatory testing of nursing facility staff pursuant to all applicable Executive Orders, as may be issued. *See, e.g.*, Executive Order No. 7UU and Executive Order 7AAA.

<https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7AAA.pdf>

**40. What types of documentation are required for the CRF grant? Is a separate audited financial statement required?**

Answer: Only costs and expenses incurred due to the COVID-19 public health emergency, consistent with federal law and CRF guidance, and with supporting documentation, will be eligible for CRF payments. Since nursing home providers may be asked to submit supplemental reports and additional documentation outlining these incurred COVID-19 related costs, the Department reserves the right to ask for any necessary documentation to substantiate costs associated with CRF grant funding. These documents may include audited financials as well as other examples outlined in the DSS Standards document featured on the DSS website.

If the Department makes such a request for additional documentation, nursing homes will be given time to gather it. In addition, to minimize additional costs to homes, the Department will work with facilities that do not have audited financial statements.

**41. Is the FY21 Medicaid Relief funding is available to facilities that have not fully exhausted other CRF e.g., HHS Stimulus and or PPP loans?**

Answer: All eligible Medicaid Connecticut nursing home providers may apply for the CRF fund package. Financial support is available to nursing facilities that meet specific standards, criteria, and conditions developed to improve infection control for COVID-19 and other infectious diseases in long-term care settings as outlined in the December 30, 2020 letter.

**42. Has the State implemented a CRF program compliant with Federal guidelines? Will a provider be reimbursed directly by the State if the State failed to qualify for the Federal program?**

Answer: The state is carefully constructing the CRF program to comply with CRF federal requirements and guidance, which is why the state has detailed the requirements in the CRF documents and is requiring documentation from nursing homes as part of the cost report process. Any federal disallowance specific to nursing home CRF payments would be highly unlikely as long as the nursing home was complying with these requirements in accordance with the CRF documents.

**43. The short period cost reports asks "has the facility made a one-time lump sum payment of \$500 to all direct caregivers". How should a facility answer this question if they wish to use the funds to support the \$500 staff incentive payment as grant funds will be received after filing of the cost report?**

Answer: If a facility has not yet provided staff incentive payments and wishes to utilize the grant funding for these payments, please provide a brief narrative explaining that the facility intends to use the grant funds to make staff incentive payments. Please include a timeframe as to when the staff incentive payment will be made after receipt of the funds from the Department. As a reminder, staff employed as of March 1, 2021 are eligible to receive the \$500 incentive payment and payments must be made no later than March 31, 2021.

**44. What is meant to be filled into the "Revenue Received" column? Do we need to include all previous funding or just funding received in the specified cost period?**

Answer: Revenue received should include the amount of revenue reported in the revenue section that is used to fund the specific expense line item. The revenue reported should include federal, state and local Coronavirus Relief Fund revenue to include grants, loans and Paycheck Protection Program loans. The amount of revenue reported should be the percentage of payments the provider anticipates to be retained. An attached detailed schedule to include Revenue Source, % of Payments to be Retained and Goods or Services Purchased with Funding is recommended to limit requests for additional information. Providers are asked to report on all revenue received from the start of the public health emergency.

**45. Can all related payroll expenses be considered COVID-related? Can all PTO costs from COVID-related quarantine and/or illness be considered COVID-related expenses?**

Answer: All costs incurred during the emergency period for employee wages, employee incentive payments, overtime wages, shift incentive payments, employee benefits, contract staffing and cleaning and housekeeping supplies should be reported on the COVID-19 reporting form. The increase in these expenditures will be compared to the prior year to verify they align with CRF payments. Costs related to screening of visitors/staff and other COVID-related expenditures should be new costs not incurred in a prior period.

**46. How will report data be used to settle the CRF funding provided to actual cost? Will DSS compare historical computed cost per day to the actual cost per day with cost component costs waived and days based on actual patient days?**

Answer: DSS will utilize historical cost data per day to settle CRF funding. Cost component limitations will be waived where necessary and appropriate to allow for reimbursement of COVID-related expenditures. The use of actual patient days versus imputed occupancy will be evaluated and utilized when appropriate.

**47. Can the Department confirm that the provision in SC 2(f)1 requires the recipients' compliance with EPSLA if they were otherwise subject to the FFCRA to begin with during the period of June 14 to December 31<sup>st</sup>.**

Answer: The Department can confirm the provision requires recipients' compliance with EPSLA if they were otherwise subject to the FFCRA to begin with during the period of June 14, 2020 to December 31, 2020.

**48. Question: It looks like one of the requirements to receive the funds relates to the federal Emergency Paid Sick Leave Act, which mandates leave requirements due to COVID. If we are exempt from this because our organization has too many employees and we cannot comply with the EPSLA, are we still eligible to receive these funds?**

Answer: If a facility can demonstrate they are exempt, they will not have to comply with the provisions. Please visit the US Department of Labor for additional information and exemption criteria: <https://www.dol.gov/agencies/whd/pandemic/ffcra-questions>.